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Atty Docket No. 021756-003100U:

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Olubusola Oni

Group Art Unit 2168

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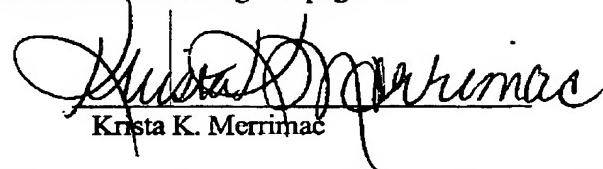
I hereby certify that the following documents in re Application of Janaki Krishnaswamy et al., Application No. 10/731,620, filed December 8, 2003 for SYSTEMS AND METHODS FOR VALIDATING DESIGN META-DATA are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. SB/21 Transmittal Form (1 page)
2. SB/22 Extension of Time (in duplicate) (2 pages)
3. Amendment (7 pages)

Number of pages being transmitted, including this page: 11

Dated: October 2, 2006



Krista K. Merrimac

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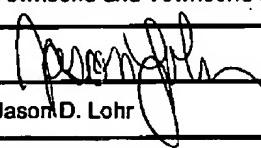
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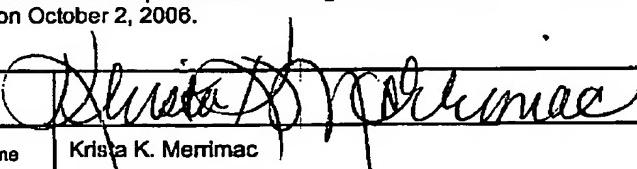
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PTO/SB/21 (07-06)

TRANSMITTAL FORM		Application Number	10/731,620
		Filing Date	December 8, 2003
		First Named Inventor	Krishnaswamy, Janaki
		Art Unit	2168
		Examiner Name	Olubusola Oni
Total Number of Pages In This Submission	11	Attorney Docket Number	021756-003100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmittal
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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Printed name	Jason D. Lohr		
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